



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

05/16/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000115667

INSTALLATION NAME

NYC BD OF ED - IS 232 BKLYN

INSTALLATION ADDRESS

**905 WINTHROP ST
BROOKLYN, NY 11203**

MAILING ADDRESS

**28-11 QUEENS PLAZA N
LONG ISLAND CITY, NY 11101**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2

**RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

ATTN: RCRA NOTIFICATIONS

Tel : (212) 637-4106

Fax: (212) 637-3056

**TO: NYC BD OF ED - IS 232 BKLYN
or Current Occupant**

**ATTN: VOLKERT BRAREN
28-11 QUEENS PLAZA N
LONG ISLAND CITY, NY 11101**

New York

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
2001 MAY 12 PM 3:36

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYR0000115667

II. Name of Installation (Include company and specific site name)

IS 232 BROOKLYN

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

905 WINTHROP STREET

Street (Continued)

City or Town BROOKLYN

State Zip Code

NY 11203-

County Code County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

BRAREN

VOLKERT

Job Title

Phone Number (Area Code and Number)

CMU

718-391-6149

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

28-11 QUEENS PLAZA NORTH

City or Town

State Zip Code

LONG ISLAND CITY

NY 11101-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

NYC DEPT OF EDUCATION

Street, P.O. Box, or Route Number

28-11 QUEENS PLAZA NORTH

City or Town

State Zip Code

LONG ISLAND CITY

NY 11101-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

Date Changed
Month Day Year

718-391-6149

Yes No

Jack Hoyt, EPA Region 2
290 Biway 22nd Floor
New York, NY 10007-1866

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Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-07

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.
 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
☐ 3. Off-Specification Used Oil Burner
 4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) <input checked="" type="checkbox"/>	2. Corrosive (D002) <input checked="" type="checkbox"/>	3. Reactive (D003) <input type="checkbox"/>	4. Toxicity Characteristic <input type="checkbox"/>	1	2	3	4
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C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Volkert E. Braun</i>	Name and Official Title (Type or print) Volkert Braun Prog Manager	Date Signed 5/8/03
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)